P.2

CONFIRMATION NO.

4912

PART B - FEE(S) TRANSMITTAL

Complete and end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PEE ADDRESS" for maintenance the partitional properties of the pr maintenance fee notifications.

FIRST NAMED INVENTOR

Eldon Scott Priestley

CURRENT CORRESPONDENCE ADDRESS (Note: Logibly mark-up with any corrections of use block 1)

FILING DATE

08/27/2003

23914

APPLICATION NO.

10/648 873

AUG 3 1 2004

PADEMARY

7590

06/04/2004

STEPHEN B. DAVIS BRISTOL-MYERS SQUIBB COMPANY PATENT DEPARTMENT P O BOX 4000 PRINCETON, NJ 08543-4000

Note: A certificate of mailing can only be used for domestic mailings of the Fee(a) Transmittal. This certificate eather be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmiral is being deposited with the United
States Posmi Service with sufficient postage for first class thail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO, on the date indicated below.

volles warren K. (Depositor's name) nover (Signature August 31, (Date

ATTORNEY DOCKET NO.

CT-2727 CNT

APPLN. TYPE	SMALL ENTITY	ISSUE PÉE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	ŊÓ	S1330	\$300	\$1630	09/07/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS]	
ROBINSON, BINTA M		1625	514-303000	_	
Number is required.			will be printed.		
ASSIGNEE NAME AN PLEASE NOTE: Unles been previously submit	D RESIDENCE DATA s an assignee is identifited to the USPTO or is t	TO BE PRINTED ON THE ed below, no assignee data eing submitted under separ-	will appear on the patent. Inclusion of ate cover. Completion of this form is No	assignee data is only appropri OT a substitute for filing an ass	ate when an assignmen
PLEASE NOTE: Unles been previously submit (A) NAME OF ASSIGN	s an assignee is identifi ted to the USPTO or is t NEE	ed below, no assignee data eing aubmitted under separa (B) R	will appear on the patent. Inclusion of the cover, Completion of this form is N ESIDENCE: (CITY and STATE OR C	OUNTRY)	
PLEASE NOTE: Unics been previously submit (A) NAME OF ASSIGN	s an assignee is identifited to the USPTO or is t	ed below, no assignee data eing aubmitted under separa (B) R	will appear on the patent. Inclusion of ate cover. Completion of this form is No	OUNTRY)	
PLEASE NOTE: Unles been previously submit (A) NAME OF ASSIGN : \$\delta stol-Mye1	s an assignee is identification to the USPTO or is to NEE CS Squibb (ed below, no assignee data leing submitted under septir (B) R Company P:	will appear on the patent. Inclusion of the cover. Completion of this form is N ESIDENCE: (CITY and STATE OR C rinceton, New Jer	OUNTRY)	0
PLEASE NOTE: Unles been previously submit (A) NAME OF ASSIGN : Ostol—Myel asc check the appropria	is an assigned is identified to the USPTO or is to NEE S Squibb (to sesigned category or or	ed below, no assignee data reing submitted under septir (B) R Company P:	will appear on the patent. Inclusion of the cover. Completion of this form is N ESIDENCE: (CITY and STATE OR C rinceton, New Jer	ountry) sey 08543-400	0
PLEASE NOTE: Unles been previously submit (A) NAMB OF ASSIGN COSTON CONTROL OF ASSIGN COSTON	is an assigned is identified to the USPTO or is to NEE S Squibb (to sesigned category or or	ed below, no assignee data reing submitted under septir (B) R Company P: categories (will not be printed to the printed to	will appear on the patent. Inclusion of the cover. Completion of this form is NESIDENCE: (CITY and STATE OR Crinceton, New Jer	SEY 08543-400	0
FLEASE NOTE: Unles been previously submit (A) NAME OF ASSIGN COSTOL—Myel	is an assigned is identified to the USPTO or is to NEE S Squibb (to sesigned category or or	ed below, no assignee data leing submitted under septrice (B) R Company P: emegories (will not be printed to the printed to th	will appear on the patent. Inclusion of the cover. Completion of this form is NESIDENCE: (CITY and STATE OR Crinceton, New Jer and on the patent); — individual — Cayment of Fee(s):	SEY 08543-400 Comportation or other private g	0

(Authorized Signature) Warren K. V@44les Warren Ellelle

Reg. 33,810 August 31,200

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Farent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to chain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, ahould be sent to the Chief information Officer, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/01/2004 HBERHE1 00000046 193880 10646873

82 FC:1584

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

U.S. Parent and Trademark Office; U.S. DEPARTMENT OF COMMERCE OMB 0651-0033





Bristol-Myers Squibb Company

Worldwide Medicines Group P.O. Box 4000 Princeton, NJ 08543-4000

DATE: July 6, 2004

FACSIMILE TRANSMITTAL COVER SHEET

URGENT

TO:

Issue Fee Branch

FAX:

1-703-746-4000

OF PAGES:

3 (INCLUDING FAX TRANSMITTAL SHEET)

FROM:

Warren Volles

FAX #;

(203) 677-6900

PHONE #:

(203) 677-6997

RE:

U.S. Appln. Serial No.; 10/648,873 Filed: August 27, 2003

Attorney Docket No. CT-2727 CNT

CERTIFICATE OF TRANSMISSION VIA FACSIMILE

I hereby certify that this correspondence a 1) Issue Fee Transmittal (1 page) and 2) "Fee Address" Indication Form (1 page) are being facsimile transmitted to the Patent and Trademark Office fax number 703-746-4000 on August 31, 2004.

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE RECIPIENT(S) NAMED ABOVE, THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL, THANK YOU.